

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>13697</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Barry O Mitchell  P.O. Box, Bldg., Room No., if any  Street 15145 SW 88th Ave  City Tigard  State Oregon ZIP Code + 4 97224	4. Name, file number, and address of labor organization.  Name I.B.E.W. Local 48  Labor Organization File Number 033-435  P.O. Box, Building and Room Number, if any  Street 15937 NE Airport Way  City Portland  State Oregon ZIP Code + 4 97230-4958
5. Position in labor organization. Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Barry Mitchell</u>	On <u>08/15/2005</u>	<u>503.632.7723</u>
	Date	Telephone Number

Name of Person Filing Barry Mitchell

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name I.B.E.W. Local 48

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15937 NE Airport Way

City Portland

State Oregon ZIP Code + 4 97230-4958

## 9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Electrical Contractors Assn

Trade Name, if any: Columbia Pacific Chapter

P.O. Box, Bldg., Room No., if any

Street 601 NE Everett

City Portland

State Oregon ZIP Code + 4 97232

## 11.a. Nature of such dealing.

Labor representative for collective bargaining agreements of which NECA is the employer representative.

## 11.b. Approximate dollar value of such dealing.

\$53

## 12.a. Nature of interest held or income received.

Gift of steaks \$53.00

## 12.b. Amount.

\$53

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.a. Nature of payment.

## 14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> Barry <input type="text"/> O <input type="text"/> Mitchell  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 15145 SW 88th Ave  City <input type="text"/> Tigard  State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/> 97224	4. Name, file number, and address of labor organization. Name <input type="text"/> I.B.E.W. Local 48  Labor Organization File Number <input type="text"/> 033-435  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 15937 NE Airport Way  City <input type="text"/> Portland  State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/> 97230-4958
5. Position in labor organization. <input type="text"/> Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>          7.b. Amount. <input type="text"/>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text"/> Barry Mitchell	On <input type="text"/> 08/15/2005	<input type="text"/> 503-632-7723
	Date	Telephone Number

Name of Person Filing Barry Mitchell

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name I.B.E.W. Local 48

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15937 NE Airport Way

City Portland

State Oregon ZIP Code + 4 97230-4958

## 9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Harrison Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1220 SW Morrison Suite 300

City Portland

State Oregon ZIP Code + 4 97205-2222

## 11.a. Nature of such dealing.

Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust.

## 11.b. Approximate dollar value of such dealing.

\$1,653

## 12.a. Nature of interest held or income received.

Reimbursed parking fees	\$23.00
Intl Foundation Conference Registration	\$885.00
Intl Foundation Conference Hotel	\$350.00
SunRiver 2004 Annual Meeting-Lodging	\$395.00

## 12.b. Amount.

\$1,653

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2004
3. Name and address of person filing.  Name <input type="text"/> Barry <input type="radio"/> Mitchell  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 15145 SW 88th Ave  City <input type="text"/> Tigard  State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/> 97224	4. Name, file number, and address of labor organization.  Name <input type="text"/> I.B.E.W. Local 48  Labor Organization File Number <input type="text"/> 033-435  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 15937 NE Airport Way  City <input type="text"/> Portland  State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/> 97230-4958
5. Position in labor organization. <input type="text"/> Trustee for BLMCC	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p><b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b></p>	
<p><b>6. Name and address of Employer (including trade name, if any).</b></p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 95%;" type="text"/></p> <p>City <input style="width: 95%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>7.a. Nature of Interest, Transaction, or Income.</b></p> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> <p><b>7.b. Amount.</b></p> <div style="border: 1px solid black; width: 200px; height: 40px; margin-top: 20px;"></div>

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/15/2005

Date \_\_\_\_\_

503-632-7723

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name I.B.E.W. Local 48

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15937 NE Airport Way

City Portland

State Oregon

ZIP Code + 4 97230-4958

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Barnes Labor Management Cooperative Committee

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1220 SW Morrison Suite 300

City Portland

State Oregon

ZIP Code + 4 97205-2222

## 11.a. Nature of such dealing.

Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust.

## 11.b. Approximate dollar value of such dealing.

\$395

## 12.a. Nature of interest held or income received.

Sun River 2004 Annual Meeting-Lodging \$395

## 12.b. Amount.

\$395

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.a. Nature of payment.

## 14.b. Amount of payment.

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



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1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004 Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> Barry <input type="text"/> O <input type="text"/> Mitchell  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 15145 SW 88th Ave  City <input type="text"/> Tigard  State <input type="text"/> Oregon <input type="text"/> ZIP Code + 4 <input type="text"/> 97224	4. Name, file number, and address of labor organization. Name <input type="text"/> I.B.E.W. Local 48  Labor Organization File Number <input type="text"/> 033-435  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 15937 NE Airport Way  City <input type="text"/> Portland  State <input type="text"/> Oregon <input type="text"/> ZIP Code + 4 <input type="text"/> 97230-4958
5. Position in labor organization. <input type="text"/> Trustee for Edison Pension	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>          7.b. Amount. <input type="text"/>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/15/2005

Date

503-256-4848

Telephone Number

Name of Person Filing Barry Mitchell

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name I.B.E.W. Local 48

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15937 NE Airport Way

City Portland

State Oregon ZIP Code + 4 97230-4958

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Edison Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street PO Box 4148

City Portland

State Oregon ZIP Code + 4 97208

## 11.a. Nature of such dealing.

Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust.

11.b. Approximate dollar value of such dealing. \$2,568

## 12.a. Nature of interest held or income received.

Lodging/Meals SunRiver \$668.  
Intl Foundation Registration & Deposit \$1900.

12.b. Amount. \$2,568

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
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3. Name and address of person filing. Name <input type="text"/> Barry <input type="text"/> O <input type="text"/> Mitchell  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/> 15145 SW 88th Ave  City <input type="text"/> Tigard  State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/> 97224	4. Name, file number, and address of labor organization. Name <input type="text"/> I.B.E.W. Local 48  Labor Organization File Number <input type="text"/> 033-435  P.O. Box, Building and Room Number, if any <input type="text"/>  Street <input type="text"/> 15937 NE Airport Way  City <input type="text"/> Portland  State <input type="text"/> Oregon ZIP Code + 4 <input type="text"/> 97230-4958
5. Position in labor organization. <input type="text"/> Trustee:NECA/IBEW Training Trust	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text"/>  City <input type="text"/>  State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>          7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <input type="text"/> Barry Mitchell	On <input type="text"/> 08/15/2005	<input type="text"/> 503-256-4848
	Date	Telephone Number

Name of Person Filing <b>Barry Mitchell</b>	File Number <b>U-</b>
---------------------------------------------	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>I.B.E.W. Local 48</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b>15937 NE Airport Way</b></p> <p>City <b>Portland</b></p> <p>State <b>Oregon</b> ZIP Code + 4 <b>97230-4958</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>										
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>NECA IBEW Electrical Training Trust</b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b>16021 NE Airport Way</b></p> <p>City <b>Portland</b></p> <p>State <b>Oregon</b> ZIP Code + 4 <b>97230</b></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px;"><p>Serve as trustee who is responsible for directing the administrators on the financial matters of the trust and policy decisions affecting the participants of the trust.</p></div> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><b>\$1,419</b></span></p> <p>12.a. Nature of interest held or income received.</p> <table style="width:100%"><tr><td>Lodging/Meals Sun River</td><td style="text-align: right;">\$738.</td></tr><tr><td>Holiday Gift of Leather binder</td><td style="text-align: right;">\$100.</td></tr><tr><td>NJATC Regional Conference Registration</td><td style="text-align: right;">\$150.</td></tr><tr><td>NJATC Regional Conference Hotel</td><td style="text-align: right;">\$194.</td></tr><tr><td>NJATC Regional Conference Airfare</td><td style="text-align: right;">\$237.</td></tr></table> <p>12.b. Amount. <span style="float: right;"><b>\$1,419</b></span></p>	Lodging/Meals Sun River	\$738.	Holiday Gift of Leather binder	\$100.	NJATC Regional Conference Registration	\$150.	NJATC Regional Conference Hotel	\$194.	NJATC Regional Conference Airfare	\$237.
Lodging/Meals Sun River	\$738.										
Holiday Gift of Leather binder	\$100.										
NJATC Regional Conference Registration	\$150.										
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NJATC Regional Conference Airfare	\$237.										

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b></b></p> <p>Trade Name, if any: <b></b></p> <p>P.O. Box, Bldg., Room No., if any <b></b></p> <p>Street <b></b></p> <p>City <b></b></p> <p>State <b></b> ZIP Code + 4 <b></b></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment. <span style="float: right;"><b></b></span></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	